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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

 Substitute for Form PTO-1360  
 (For use with Form PTO/SB/06)
Application Number  
**10/775,481**Filing Date  
**10 February, 2004** To be MailedApplicant(s) **WALDMAN ET AL.**

Page 1 of 2

\* May be used for additional claims or amendments

CLAIMS	AS FILED 08/03/2010		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* 08/03/10		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	-						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63	-				
14							64	1				
15							65	1				
16							66	-				
17							67	-				
18							68	2				
19							69	2				
20							70	2				
21							71	-				
22							72	2				
23							73	-				
24							74	2				
25							75	2				
26							76	-				
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90	-				
41							91	2				
42							92	2				
43							93	2				
44							94	2				
45							95	2				
46							96	2				
47							97	2				
48							98	2				
49							99	2				
50							100	2				
Total Indep							Total Indep	2				
Total Depend							Total Depend	32				
Total Claims							Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No 20100811-1.

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>		Application Number <b>10/775,481</b>		Filing Date <b>10 February, 2004</b>		Page 2 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED 08/03/10		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* 08/03/10		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		2					151		2			
102		2					152		2			
103		2					153		2			
104		-					154		2			
105							155		2			
106							156		2			
107							157		2			
108							158		2			
109							159		2			
110							160		2			
111							161		2			
112							162		2			
113							163		2			
114							164		2			
115							165		2			
116							166		2			
117							167		2			
118							168		2			
119							169	1				
120							170	1				
121							171		2			
122							172		2			
123							173		1			
124							174		3			
125							175					
126							176					
127							177					
128							178					
129							179					
130							180					
131		-					181					
132		1					182					
133		-					183					
134							184					
135							185					
136							186					
137							187					
138							188					
139							189					
140							190					
141							191					
142							192					
143							193					
144		-					194					
145		2					195					
146		-					196					
147		2					197					
148		2					198					
149		-					199					
150		2					200					
Total Indep							Total Indep	4				
Total Depend		15					Total Depend		44			
Total Claims		15					Total Claims		91			

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Part of Paper No. 20100811-1